

HEALTH AWARENESS HAWAII PRESENT:
The 3rd Annual RUN FOR THE BRAIN "LA CARRERA"
5K FUN RUN, WALK, & ROLL / HEALTH FAIR

October 23, 2004, 7: a.m. Start

START TIME/LOCATION:

7 a.m. Ala Moana Park.

Late registration & packet pickup Begins @ 6 a.m. @ Magic Island.

ROUTE: The race will start and finish at Magic Island, with one full lap around Ala Moana Beach Park, to include Magic Island.

TRIBUTE CEREMONIES:

Award ceremony following the run, to include Prize giveaway, random prizes (including week-End getaways, restaurant certificates, etc!)

Health Awareness Hawaii health fair to Follow.



DIVISIONS & AWARDS:

Awards for the first 3 male & female finishers (only 1 in 2 youngest ages): 8-11, 12-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+.

Wheelchair Division

HALF MILE FUN RUN:

Award ceremony following Non-competitive, open to all (keikis/physically challenged)

Proceeds will go to Health Awareness Hawaii (BrainInjuries/Breast Cancer)

Entry fee: \$24.00 per person. All fees non-refundable.

Packet Pick Up: October 21, 2004 @ The Running Room (819 Kapahulu Ave., 10a.m.-4p.m)

Make Checks payable to:

Health Awareness Hawaii, 2740 Kuilei St., Suite #1206, Honolulu, HI. 96826

Mail applications by October 17

----- "Cūt Herē "Cūt Herē" Cūt Herē -----

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Sex: M F circle one

Age: _____ Phone: _____ T-Shirt: S M L XL circle one. Wheelchair: ☐

E-Mail Address: _____

Waiver: I know that walking/running in a road race is a potentially hazardous activity. I will not enter & run unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to complete the race safely. I assume all risks associated with running this event including but not limited to: falls, contacts with other participants, weather conditions, traffic & road conditions, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release any and all rights and claims for injuries and damages I may have against and agree to hold harmless HAH, the City and County of Honolulu, and all sponsors, their representatives and successors, from all claims or liabilities of any kind arising from any participation in this event, including pre- and post-race activities. I grant permission to all foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature of Participant

Date

Signature of parent or guardian if under 18

Date

ChampionChip Timed * ChampionChip Timed * ChampionChip Timed